

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila

District of _____

Town of Miami

or

City of _____

BUREAU OF VITAL STATISTICS

ORIGINAL CERTIFICATE OF BIRTH

State Index No. 1786County Registrar No. 23

Local Registrar No. _____

No. Miami Inspiration Hosp. Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2. Full name of child Ruth Aimee Mayne { If child is not yet named, make supplemental report, as directed.3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 5. No., in order of birth. _____ 6. Legitimate? yes 7. Date of birth May 28, 1926
Month Day Year

8. FATHER

Full name Ralph Mayne9. Residence (Usual place of abode) Globe, Ariz.

If non-resident, give place and state.

10. Color or race Cauc.11. Age at last birthday 37 (Years)12. Birthplace (city or place) Redlands, Calif.

(State or country)

13. Occupation MachinistNature of industry Mining

14. MOTHER

Full maiden name Aimee Hoyt Monroe15. Residence (Usual place of abode) Globe, Arizona

If non-resident, give place and state.

16. Color or race Cauc.17. Age at last birthday 34 (Years)18. Birthplace (city or place) Blair, Nebraska

(State or country)

19. Occupation _____

Nature of industry Housewife20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 4 (b) Born alive but now dead _____ (c) Stillborn _____ 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born at 10 P. m. on the date above stated
(Born alive or stillborn)Signature Leyril M. Brown M.D. (Physician or midwife)Address Miami, ArizonaGiven name added from a supplemental report. Filed Feb 7, 1927 L. E. Smith Local Registrar.

Month, day, year

Local Registrar.

Registrar

Filed _____, 19 _____

County Registrar.

N. B. In case of more than one child at a birth, a SEPARATE RETURN must be filed in order of birth stated.

945-528-145